

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	NH	22197	1/29/00
O.I.P.E. CLASSIFIER	101		2/10/00
FORMALITY REVIEW	GB	59383	
RESPONSE FORMALITY REVIEW			5-2-00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral).... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	Original
2	✓ 6/1/2000
3	✓ ✓ ✓ ✓
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1. Initials _____
 2. Date _____
 3. Action Number _____
 4. Type of Action _____
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Form (Rev. 1)